

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 6 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 803

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 845 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 Years (Specify whether
In this community 39 Years
years, months or days)

3. (a) PRINT FULL NAME J. Reed George.

3. (b) If veteran, No name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Margaret E. George. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 29 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 11 12 _____ hr. _____ min.

9. Birthplace Indiana County Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Manager (Retired)

11. Industry or business Hotel Fixture & Supply Co.

12. Name Samuel George

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle McMullin

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Espy

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-12-47 (b) W. H. Hensley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 845 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1947 hour 6 minute 15p. M.

21. I hereby certify that I attended the deceased from 9-7- 1947 to Sept. 11 1947
that I last saw him alive on 9-10- 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia Duration _____

4 Informant of age
Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury 21

23. Signature J. M. King D.O. (M.D. or other) _____

Address Springfield, Mo. Date signed 9-12-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James B. Gaughen....., Registered Apprentice No. *466*,
working under my personal supervision.

Signed *Walter E. Humellen*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.